State Form 4606 (R9 /11-99) Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse

IS THIS AN AMENDMENT? Yes No

(CFA-4) Summary Sheet

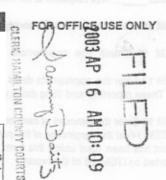
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COMMITTEE INFO	RMATION		(80 m) (81 m) (10 m)
Full name of committee (as on Statement of Organization)  Check if this is a new name.	ne	PACES in Column B, Cal	on file form, including ALL B
Rattermann FOR Councilmann			
Acronym or abbreviated name, if any	3. Committee t	elephone number	IN SEC TONICS OFFICERS IN ALEXA
all the second the territory and and the control of the second state.	1 317	1 581-0557	A LOUIS OF THE LOTS OF THE LOT
4. Mailing address (address where all campaign finance correspondence is received)	Check if this is a new	v address	
5. City, state, ZIP code	6. Party affiliat	ion (if applicable)	
Carmel IN 46033	Kepb	lican	Tremorena na anti Si
CANDIDATE INFORMATION (For Car	ndidate's Comm	ttees Only)	
7. Full name of candidate (include any nickname)	8. Party affiliati	on or if independent	
Mark Richard Kattermann	The same of the sa	bliCAN	of Organization (Form CFA-1,
Office sought (Include district number, if any. Not required for exploratory committee.)	10. County of r		
Camel City Council - at Large	Ho	milton	
TYPE OF REPORT		DESCRIPTION OF THE PROPERTY OF	ON CANDIDATES ONLY
11. Check one:  Dependent Pre-Election Annual Final / Disbands Committee (lines 18, 19, annual Final / Disbands Committee (lines 18, annua	and 20 must be "0")	Check one:	tion
Outgoing Treasurer (within 10 days amend Statement of Organization)	w sometimocemic	Post-Conver	ntion
12. Reporting period: From: January 1, 2083 Through: April 11 20	20.3	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	minuted entered	0.00	
14. Cash on hand and investments January 1, current year.			0.00
CONTRIBUTIONS AND RECEIPTS		A STATE OF THE STA	<b>国际</b>
(Note: these amounts include in-kind contributions and loans, as well as cash con	tributions.)		
15a. Itemized (use Schedule A)		15, 100 00	15,100.00
15b. Unitemized	in the condition	1247.00	1,247.00
15c. Add lines 15a, and 15b in both columns	SUBTOTAL	16 347.00	16,347.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	16 311.00	10,317.00
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	ly balalills for	12.865.32	12.885.32
mentioned and section and to produce the product and are a section and the section of the section and the sect	edmund an de	586.28	586.28
17b. Uniternized	SUBTOTAL	13.451.60	13451.60
17c. Add lines 17a and 17b in both columns		2895.40	2,895.40
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both of	columns) TOTAL		2,873.1
19. Debts OWED BY the committee (use Schedule D)	count) attablished	6.00	
20. Debts OWED TO the committee (use Schedule E)	AND DESCRIPTION OF THE PARTY OF	0.00	

			CERTIFICATION
ignature	on File	1	

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose.

(IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)





State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

# (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDMIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVE
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
Mark Richard Rattermann 12548 Scottish Beal	Contributions:  Profirect In-Kind (describe)	sato la to see	obs polises to	1-2-03
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Carmel, IN 46 033 Contributor's Occupation (if required) Teacher / An Hose	Other Receipts:  Interest I Loan  Misc (specify)	tion of any main contributors a contributor's	nter the occupa- stion for other hen entering	DARLA Andrew, Treasurel
	Contributions:	P 98900 B	O Inchi Lucian	3 7000 -10
Mark Richard Rathermans 12548 Southish Beal	Direct (describe)	5 100.00	15,100.00	4-2-03
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Camel IN 4,033	Other Receipts: Interest I Loan Misc (specify)	DAR-TO-DAR		DALLA Androws,
Contributor's Occupation (of required) Teacher Author				Treasurer
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Contributor's Occupation (if required)	Other Receipts:  Interest □ Loan  Misc (specify)	order, MOT TO ME SCORPE Sin settimes	e check or most sived whom a Enter the c	er ere inde
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	Contributions:			-
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entributor's Occupation (if required)	Other Receipts:  Interest DLoan Misc (specify)			
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(Enter total on ITEM 15a of the Summ	nary Sheet)	\$15,100		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

# (CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page	1	of	1	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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	Other Receipts:  Interest □Loan  Misc (specify)	<b>0-07-9AE</b>	BVITAJUM	LUMIN B CU
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

# (CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

#### Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE	NUMB	ER	1978
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CONTRIBUTOR'S FULL NAME AND FULL MAILING	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED
ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	PERIOD	YEAR-TO-DATE	RECEIVED BY
	Contributions:			
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	Other Receipts:	oludhinco s	gahetns nedi	QRTANT
	☐ Misc (specify)	явито яс	моптивия	ENGO HO B
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contributions, including in-kind, transfers-in or other receipts	Other Receipts:	EAR-TO-D	PENTAGUE	UMN B CUS
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

# (CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersin and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page	1	of	1		
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CANAL .	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city. state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
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	onethydors, including in-tind, translets-in or other receipts  one by the same as the entry in Column A.	Other Receipts:	calendar y		dar year-to-dai
4.	led or deposited in an account. For cash contributions, the mbor, NOT when mailed or deposited in an account.	Contributions:  Direct In-Kind (describe)	ney order, MC cash is accep	the check or the	bovison setti
	ne contribution for the committee. (IC 3-9-1-25 age of Schedule.)	Other Receipts:	CHEDULE A	FAGE OF S	TOTAL THIS
5.	SHELY: Sher (CW THE LAST PAGE DALLY) institute mesum:	Contributions:  Direct In-Kind (describe)	r Sha liguna on	bie A. Also ena	ages on Schen
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

# (CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

#### Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page	1	of	1.			

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#### (CFA-4 SCHEDULE B) Itemized Expenditures

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet.All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
United States Bot Office Carnel, IN 40032	broken to respect to the broken and the broken to respect to the broken to respect to the broken to	Direct In-Kind Payment of Debt Returned Contribution Other Stanps Purpose:	\$111.00	4/11.00	2-26-03
Serigraphics 3513 Hovey Street Infol DN 4,218	SSU — Schola est off Schola specials specials stringer stringer stringer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$5543.80	\$5543.80	2-28-03
Associated SRC Technology POBOX 24285 Infl. IN 46224	The date provided the provided to the provided	Direct In-Kind Description Returned Contribution Other Purpose: Lakingt Rublishing	\$604.00	\$604.00	3-17-03
Discont Copies  2325 E. Conner ST.  Noblesville, IN 46060	ETT no engli ulti saine i	Digset   In-Kind   Payment of Debt   Returned Contribution   Other   Purpose:   Post CALAS & PASS	\$180.20	\$ 180.20	3-18-03
Discont Copies  2325 E. Conner St.  Noblesville IN 46060		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Note PADS 4-for	4995.34	\$ 995.34	3-22-03
Omni Productions 12314 Brookshire Pkwy. Camel, PN 46082		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: TV @mmurial	\$3000.00	\$3100.00	3-31-03
Proto-Type Systems, Inc. 1125 W. 1645 ST. Inlpls. DV 46220		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Brochure mailings	\$2,430.98	<sup>4</sup> 2,430.98	4-2-03
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	L PAGES OF SCHEDULE B O		\$ 12,865.32		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

### (CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES

For Public Questions

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

Enter Text of Public Question	P	PUBLIC QUESTION INFORMA	TION			
Eliter lext of Public education						
Type of Question: ☐ Statewide ☐ Loc Position: ☐ Supported ☐ Opposed	al					
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF EXPENDITURE	PURPOSE OF EXP (be specif		COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

### (CFA-4 SCHEDULE D) Debts Owed by This Committee

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INSTRUCTIONS: Please type or print legibly IN BLACK INIK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZiP code)	AMOUNT  NATURE OF DEBT	INCURRED	CUMULATIVE PAID EAR-TO-DATE	OUTSTAND BALANCE T PERIOD
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

### (CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

DERIZ OME	O TO THIS COMMITTEE
	FILE NUMBER

Page\_

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

					In addition you must a
BORROWER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME AND MAILING ADDRESS( if any) (street, number, city state, ZIP code)	ORIGINAL AMOUNT  NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
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